

Exhibit K
Medical File

Lee County Detention Center
INMATE REQUEST SLIPF=1
LOCATIONName ANTONIO MARTINEZ Date 5/15/06☐ Telephone Call☐ Doctor☐ Dentist☐ Time Sheet☐ Special Visit☐ Personal Problem☒ Other

Briefly Outline Your Request. Give To Jailer

NURSE STEWART
I HAVE TWO HOLES IN MY MOUTH, AND
THEY ARE STILL BLEEDING, AND I HAVE
BEEN TAKEN OFF MEDICATION. CAN
YOU SEND ME SOME MORE MEDICATION,
AND SALT? THANKS FOR YOUR TIME.

Do Not Write Below This Line - For Reply Only

05/15/06 D. King Only Orders
6 free your Dental
problems have been completed

Nurse Stewart

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To
Those The Request is Directed.☐ Lieutenant☐ Chief Deputy☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

LEE COUNTY SHERIFF'S DEPARTMENT
RECORD OF MEDICAL EXAMINATION

(FORM #11)

7-1

PART 1:

To be completed by Corrections Staff. (Please print clearly)

1. Inmate's name: Martinez, Antonio
2. Date: 05/13/06
3. Time: 0745
4. Reason treatment was needed: Dental exam
5. Did Inmate request treatment? yes (If yes, place request form in Inmate's file if in writing)
6. Was inmate transported from the jail? yes
7. If yes, to what location? D. King's Quarters
8. Was inmate treated at the jail? yes
9. Who examined the inmate? Medical
10. Corrections Officer's name: _____ Signature: _____

PART 2:

To be completed by person examining inmate. (Please print clearly)

1. Type of treatment/ examination: Ext # 78
2. Prognosis: Good
3. Is additional treatment needed? no If so, please specify if other than medication: _____
4. Medication prescribed: Loxap 7.5 x 6
5. Special instructions for administration: As prescribed
6. Other special instructions (restrictions of diet, activity, work, etc; observation orders; other): _____

WILLIAM G. KING, III, D.M.D.
227 E. MAGNOLIA AVENUE
AUBURN, AL 36830

Health Care Provider (Please print and give title, Re. M.D., R.N., D.D.S., etc.)

clerk

11-11-06

Lee County Detention Center
INMATE REQUEST SLIP

Name Antonio Martinez Date 1-10-06 ^{F-1}
LOCATION

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☐ Personal Problem ☐ Other

Briefly Outline Your Request. Give To Jailer

Need to see nurse or Doctor
Have hernia THATS swollen up
the size of an orange.

Thank You

Do Not Write Below This Line - For Reply Only

1/13/06 you will see
me

NURS. Stewart

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

NOTES

NAME: Martinez, Antonio SS# [REDACTED]DOB: [REDACTED] AGE: 48 SEX: M RACE: HDRUG ALLERGIES: Q TETNUS: NATURE OF PROBLEM OR REQUEST: Lt Inguinal Hernia

I CONSENT TO BE TREATED BY HEALTH STAFF FOR THE CONDITION DESCRIBED.

SIGNATURE

HEALTH CARE DOCUMENTATION

SUBJECTIVE:

OBJECTIVE: BP P R T O2

ASSESSMENT: Alert I/m Brought to Clinic
 C/O. Needing Surg "U'm under your care
 now" Asked estimate how long the hip hernia
 would not answer Ask how long it's been
 going in /out would not answer Ask who's
 you m would not answer. The I/m
 respond "When do I have my Surg?" saying
 have need to see an m TO put hernia back
 in. I/m respond "You will get A phone call"

PLAN:

Monitor I/m to medical observation, Monitor
 hip & legging etc. may see no w/p.

REFER TO: PA/PHYSICIAN MENTAL HEALTH DENTAL SIGNATURE [Signature] TITLE gpc DATE 1/13/6 TIME 1400

MEDICATION ADMINISTRATION RECORD

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
<i>#1 metm Bid see m)</i> <i>1/13/06</i>	DPOO	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	2100	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
		1	2	3	4	5	6	7	8																							

STOCK #506423

STARTING FOR		THROUGH			
Physician	<i>Pratt</i>	Telephone No.	Medical Record No.		
Physician		Alt. Telephone			
Ergies		Rehabilitative Potential			

Diagnosis		Medicaid Number		Medicare Number		Approved By Doctor: <i>Stewart</i>		Title: <i>Gen</i>		Date:	
RESIDENT <i>M. J. B. J.</i>		D.O.B.		Sex		Room <i>F-1</i>		Patient Code		Admission Date	

NOTES

NAME: Martinez, Antonio SS# [REDACTED]
 DOB: [REDACTED] AGE: 48 SEX: M RACE: H
 DRUG ALLERGIES: Ø TETNUS: _____
 NATURE OF PROBLEM OR REQUEST: Left Inguinal Hernia

I CONSENT TO BE TREATED BY HEALTH STAFF FOR THE CONDITION DESCRIBED.

SIGNATURE _____

HEALTH CARE DOCUMENTATION

SUBJECTIVE:

01/18/06 Lee County Detention Center Antonio Martinez #593038095

This 48 YO Hispanic male has a left inguinal hernia that has been present for one year. He said he even spent two days in the hospital in Atlanta with it. They did not do surgery. He said he was supposed to have had surgery two weeks ago when he was brought the jail. He is not sure of the name of the doctor.

Physical Exam: He walks in loudly complaining. He walked out comfortable. When he lies down I see a large left inguinal hernia that is easily reduced although he resisted my reducing it. It is probably about 5 cm. The defect itself feels like it is probably 2 or 3 cm. The testicle has no hydrocele. He is generally tender in the area of his genitalia. His abdomen is soft and nontender with normal bowel sounds. He is not having any respiratory distress.

Impression: Left inguinal hernia that reduces easily.

Plan: I tried to explain the difference between an elective and an urgent surgical need. If he has any vomiting or if the hernia is not able to be reduced then we certainly should see him in the Emergency Room and reduce it and if it doesn't reduce then proceed to emergency surgery otherwise it continues to be an elective surgical need. He did not understand that that meant that it could be scheduled at a time that was convenient to his present circumstances. Recheck prn.

PLAN:

Medication records re (L) inguinal hernia.

[Signature]
 Bruce M. B. B.

REFER TO: _____ PA/PHYSICIAN _____ MENTAL HEALTH _____ DENTAL _____

SIGNATURE *[Signature]* TITLE MD DATE 1-18-06 TIME 0910
 JOHN H. McFARLAND MD
 AM8104894
 AL 11404

Lee County Detention Center
INMATE REQUEST SLIP

Name Antonio Martinez Date 1-24-06 ^{EEL}
LOCATION

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☐ Personal Problem ☐ Other

Briefly Outline Your Request. Give To Jailer

Nurse Stewart

Could you give me my Medication
I really need to go to the hosp.
Im in alot of pain. for hernia

Do Not Write Below This Line - For Reply Only

1/24/06 Qm m didn't
order any pain meds
in motion given

Nurse Stewart

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant

☐ Chief Deputy

☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

Lee County Detention Center
INMATE REQUEST SLIP

E=1
LOCATION

Name Antonio Martinez Date 1/25/06

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☐ Personal Problem ☐ Other

Briefly Outline Your Request. Give To Jailer

Nurse

Could you give me my Medication
I really need to go to the hosp.
Im in alot of pain from the
heria

Do Not Write Below This Line - For Reply Only

1/30/06 you have to follow
up with me on 2/8/06

Nurse Stewart

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

NOTES

NAME: Martinez, Antonio SS# [REDACTED]DOB: [REDACTED] AGE: 48 SEX: M RACE: HDRUG ALLERGIES: Ø TETNUS: _____NATURE OF PROBLEM OR REQUEST: Chronic Caught Left
Water Boy about 30-40 lbs

I CONSENT TO BE TREATED BY HEALTH STAFF FOR THE CONDITION DESCRIBED.

SIGNATURE

HEALTH CARE DOCUMENTATION

517.0
1654

SUBJECTIVE:

OBJECTIVE: BP _____ P _____ R _____ T _____ O2 _____

ASSESSMENT:

01/31/06 Lee County Detention Center Antonio Martinez #593038095

This 48 YO Hispanic male was lifting a 30-40 lb sack of water in an apparent attempt to get his left inguinal hernia to come back out. His hernia is back in. He says he is tender in the testicles.**Physical Exam:** I was able to palpate testicles. There are no nodules within them. It is not the epididymis. It is more tender, in fact it seems to be a dramatic type of tenderness rather than a true tenderness. There is no redness or swelling. His abdomen is benign.**Impression:** Inguinal hernia that is not out and certainly not incarcerated or a problem requiring any attention at this time.**Plan:** Nothing needs to be done about the hernia at this time.**Addendum:** He shows me a fungal infection in the four-five web space of the right foot. He can use some over-the-counter antifungal medication such as Tinactin, etc. Recheck prn.REFER TO: [Signature] PA/PHYSICIAN _____ MENTAL HEALTH _____ DENTAL _____SIGNATURE [Signature] TITLE MD DATE 1-31-06 TIME 09:12JOHN H MCFARLAND MD
AM8104894
AL11404

Lee County Detention Center
INMATE REQUEST SLIP

C-1
LOCATION

Name Antonio Martinez Date _____

☐ Telephone Call ☒ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☒ Personal Problem ☐ Other

Briefly Outline Your Request. Give To Jailer

Excuse Mrs. Nurse, I am writing to you in
concern of my hysteria. I am in very serious
pain. I also need some fungus cream
for my feet.

Thanks, God Bless

Do Not Write Below This Line - For Reply Only

2/6/06 My mom is always
of your hysteria, if it
be out you may see
me in. I am given

Nursing

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

Lee County Detention Center
INMATE REQUEST SLIP

5-1
LOCATION

Name Antonio Martinez Date _____

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☐ Personal Problem ☒ Other

Briefly Outline Your Request. Give To Jailer

I need med's for fungus
 on my feet the shower is
 so nasty it's pitiful
 also I need med. Thanks
 for my Hernia I am in
 Bad pain / I need it soon!!
 Thanks

Do Not Write Below This Line - For Reply Only

2/28/00 if motion given
 also Anti Fungal Cream
 Self

Nurse [Signature]

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

Lee County Detention Center
INMATE REQUEST SLIPF=1
LOCATIONName ANTONIO MARTINEZ Date 3/8/06

☐ Telephone Call
 ☒ Doctor
 ☐ Dentist
 ☐ Time Sheet
☐ Special Visit
 ☐ Personal Problem
 ☐ Other

Briefly Outline Your Request. Give To Jailer

I AM HAVING A VERY HARD TIME GETTING UP & AND
 OUT OF BED. PERSON IS THIS HERE IS GIVE
 ME PAIN ALL THE TIME. GIVE ME PROBLEM WHEN USE
 THE BATHROOM. THE PAIN PILLS IS NOT GETTING OR TAKING
 THIS PAIN AWAY. NEED TO SEE THE DOCTOR SOON AS POSSIBLE

THANK YOU

Antonio Martinez

Do Not Write Below This Line - For Reply Only

Been today in sick
 call 3/10/06

Nurse Griffith

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant
 ☐ Chief Deputy
 ☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

FORM: LCS-038 (6/99)

NOTES

NAME: Martinez, Antonio SS# [REDACTED]
DOB: [REDACTED] AGE: 48 SEX: M RACE: H
DRUG ALLERGIES: Ø TETNUS: _____
NATURE OF PROBLEM OR REQUEST: states has pain from
inguinal hernia (L)

I CONSENT TO BE TREATED BY HEALTH STAFF FOR THE CONDITION DESCRIBED.

SIGNATURE

HEALTH CARE DOCUMENTATION

SUBJECTIVE: ATO K3. responsive

OBJECTIVE: BP _____ P _____ R _____ T _____ O2 _____

ASSESSMENT: states has pain to (L) groin. states has
(L) inguinal hernia. NO swelling or pouch noted.
do "hole" to (L) inguinal area. NO induration
noted to area.

PLAN: (1) to see M.D. next visit. (2) Motrin 400mg
PO now.

REFER TO: _____ PA/PHYSICIAN _____ MENTAL HEALTH _____ DENTAL _____

SIGNATURE [Signature] TITLE LOW DATE 3/10/06 TIME 2:30 pm

NOTES

NAME: Martinez Antonio SS# [REDACTED]
 DOB: [REDACTED] AGE: 48 SEX: M RACE: H
 DRUG ALLERGIES: 0 TETNUS: _____
 NATURE OF PROBLEM OR REQUEST: inguinal hernia

I CONSENT TO BE TREATED BY HEALTH STAFF FOR THE CONDITION DESCRIBED.

SIGNATURE _____

HEALTH CARE DOCUMENTATION

165^R

SUBJECTIVE:

OBJECTIVE: BP _____ P _____ R _____ T _____ O2 _____

ASSESSMENT:

03/14/06 Lee County Detention Center Antonio Martinez #593038095

This 48 YO Hispanic male says his hernia is still coming out. It is uncomfortable. He is walking with his hand on this left groin.

Physical Exam: He doesn't want to let his stomach muscles relax but he eventually does and with slow gentle pressure over the left inguinal hernia it goes back in. the testicles are nontender. No other lesions.

Impression: Left inguinal hernia.

Plan: I talked to him again about the elective nature of having this repaired. He probably will want to have this done at some point. In the meantime, if he has it come out and can't get it back in and starts vomiting he will let the nurse know immediately so that we can evaluate and see if it will go back in or if it needs emergent evaluation and possible repair. In the meantime, it is an elective thing. It can be manually reduced without difficulty now.

PLAN:

(C) Inguinal hernia reduced & self-managing

REFER TO: _____ PA/PHYSICIAN _____ MENTAL HEALTH _____ DENTAL _____

SIGNATURE _____ TITLE MD DATE 3-14-06 TIME 0927

AM8104894

AL 11404

04/19/06

C/O

Hernia

out

and

put it back

ANTONIO MARTINEZ F-1 3-31-06

NURSE

I NEED SOME PAIN PILLS FOR
MY HERNIA BECAUSE IT REALLY HURTS.

THANKS FOR YOUR TIME

4/1/06
Tylenol sent
Nurse Griffin

Lee County Detention Center
INMATE REQUEST SLIP

F-1
LOCATION

Name ANTONIO MARTINEZ Date 04-06-06

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☐ Personal Problem ☒ Other

Briefly Outline Your Request. Give To Jailer NURSE STEWART.
I WOULD LIKE TO HAVE MOTRIN FOR
MY HERNIA FOR A COUPLE OF DAYS LONGER
BECAUSE I'M IN CONSTANT PAIN.

THANKS FOR YOUR TIME

Do Not Write Below This Line - For Reply Only

4/7/06 Motrin sent

Nurse Enright

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

Lee County Detention Center
INMATE REQUEST SLIP

F-1
LOCATION

Name ANTONIS MARTINEZ Date 04-09-06

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☐ Personal Problem ☒ Other

Briefly Outline Your Request. Give To Jailer NURSE STEWART
I NEED SOME MOTRIN FOR MY HERNIA
BECAUSE I AM IN ALOT OF PAIN

Do Not Write Below This Line - For Reply Only

4/10/06 Motrin sent

Nurse Griffith

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

Lee County Detention Center
INMATE REQUEST SLIP

5-1
LOCATION

Name Antonio Martinez Date 4/10/06

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☐ Personal Problem ☐ Other

Briefly Outline Your Request. Give To Jailer

Nurse Stewart
could you give me my Medication
for hernia I'm in alot Pain

Do Not Write Below This Line - For Reply Only

04/12/06 # meters given
for orders of our MD

Kyle Sney

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

Lee County Detention Center
INMATE REQUEST SLIP

5-1
LOCATION

Name Antonio Martinez Date 04/14/06

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☐ Personal Problem ☐ Other

Briefly Outline Your Request. Give To Jailer

Nurse Stewart

I Need some Motrin for my
Hernia Because I am in alot
of Pain

Do Not Write Below This Line - For Reply Only

4/15/06 You have an order from our
doctor to have Tylenol or Motrin. It
is fixed up in the medication books
for you. Just ask whoever is
passing out medication for it.
Nurse Griffith

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER

Lee County Detention Center
INMATE REQUEST SLIP

E-1
LOCATION

Name ANTONIO MARTINEZ Date 4/18/06

☐ Telephone Call ☐ Doctor ☐ Dentist ☐ Time Sheet
☐ Special Visit ☐ Personal Problem ☐ Other

Briefly Outline Your Request. Give To Jailer

NURSE STEWART
I NEED MY MEDICATION
FOR MY HERNIA, AND I DID NOT GET
TO GO SEE THE DOCTOR TODAY.
WHAT'S THE HOLD-UP? I NEED TO
GO SEE HIM, IF ITS NOT A
PROBLEM.
THANK YOU FOR YOUR TIME.

Do Not Write Below This Line - For Reply Only

4/19/06 already addressed
Down TO See him
The. Occasional Tyl/Martin
got Two This AM

Nurse Stewart

Approved _____ Denied _____ Collect Call _____

All Request Will Be Routed Through The Sergeant Over The Jail, Then Forwarded To Those The Request is Directed.

☐ Lieutenant ☐ Chief Deputy ☐ Sheriff

Date _____ Time Received _____

CORRECTION OFFICER _____

NOTES

NAME: Martinez, Antonio SS# [REDACTED]
DOB: [REDACTED] AGE: 48 SEX: M RACE: H
DRUG ALLERGIES: None TETNUS: _____
NATURE OF PROBLEM OR REQUEST: put hernia back in

I CONSENT TO BE TREATED BY HEALTH STAFF FOR THE CONDITION DESCRIBED.

SIGNATURE _____

HEALTH CARE DOCUMENTATION

wt 180

SUBJECTIVE:

OBJECTIVE: BP _____ P _____ R _____ T _____ O2 _____

ASSESSMENT:

PLAN:

Stable @ original hernia.

REFER TO: _____ PA/PHYSICIAN _____ MENTAL HEALTH _____ DENTAL _____

SIGNATURE _____

JOHN H McFARLAND MD

TITLE MD

DATE 4-25-06 TIME 1625

AM8104894

AL11404

HIV SEROLOGY 86701
WESTERN BLOT 86689

ALABAMA DEPARTMENT OF PUBLIC HEALTH
BUREAU OF CLINICAL LABORATORY

I.D. NUMBER

645200

PLEASE USE A BLACK PEN

Martinez, Antonio

Patient's First Name

MI

Apt.

H/M

Counselor (Initials)

Date Collected

City

PLACE LABEL INSIDE RECTANGLE

State

Zip

Phone

LEE COUNTY DETENTION CENTER

P.O. BOX 2407

OPELIKA, AL 36803

RACE

SEX

DOB (mmddyyyy)

V B H A I U M F
O O O O O O O O

DOB (mmddyyyy)
/ /

Address

LEE COUNTY DETENTION CENTER

SITE CODE

CNTY

P.O. BOX 2407

OPELIKA, AL 36803

State

Zip

Health Dept. CHR Number

Social Security Number

d Number

Provider Number

EIA

WESTERN BLOT

Results: Indicated by Marked

☒ Negative☐ Not Done☐ Positive☐ Negative☐ Indeterminate☐ Positive☐ Not Done

ANALYST INITIALS

DATE

REPORTED

☐ Birmingham☐ Decatur☐ Dothan☐ Mobile☐ Montgomery

Has Patient Had a Previous Positive or Indeterminate Western Blot?

☒ No☐ Yes☐ Unknown

Date

PATIENT SHOULD HAVE A
TUBERCULIN SKIN TEST
IF HIV POSITIVE

LEE COUNTY SHERIFF'S DEPARTMENT RECORD OF MEDICAL EXAMINATION

(FORM #11)

PART 1: To be completed by Corrections Staff. (Please print clearly)

1. Inmate's name: Martinez, Antonio
2. Date: 03/28/06
3. Time: 0730
4. Reason treatment was needed: CXR on INH 6 mos 1991
5. Did Inmate request treatment? yes (If yes, place request form in Inmate's file if in writing)
6. Was inmate transported from the jail? yes
7. If yes, to what location? LCHD
8. Was inmate treated at the jail? no
9. Who examined the inmate? Medical
10. Corrections Officer's name: _____ Signature: _____

PART 2: To be completed by person examining inmate. (Please print clearly)

1. Type of treatment/ examination: CXR
2. Prognosis: pending
3. Is additional treatment needed? _____ If so, please specify if other than medication:

4. Medication prescribed: _____
5. Special instructions for administration: _____

6. Other special instructions (restrictions of diet, activity, work, etc; observation orders; other):

Health Care Provider (Please print and give title, Re. M.D., R.N., D.D.S., etc.)